MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08924

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon; MARYLAND; LENGTH OF STAY (In this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE; STREET ADDRESS (If rural, give location) 405 N. KENWOOD AVE

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) JANE (Last) Adams

4. DATE OF DEATH: (Month) September (Day) 16 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: DEC 1, 1933

9. AGE last birthday: 17 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCHOOL

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES E. ADAMS

14. MOTHER'S MAIDEN NAME: ETHEL BOHMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS ETHEL ADAMS 405 N. KENWOOD AV

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot Wound Cerebrum — Interval between onset and death: none

9198 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

184 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Public Dump (CITY OR TOWN) Abingdon (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 9/16/51 2P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Shot by companion while shooting bottles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co, Bel Air 9/16/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF SEP. 19 1951 | NAME OF CEMETERY OR CREMATORY MEADOW RIDGE | LOCATION (City, town, or county) DORSEY (State) MD

DATE REC'D BY LOCAL REG. 9/18/51 | REGISTRAR'S SIGNATURE A A Richard | 24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME | ADDRESS 2005 ORLEANS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08925

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air — LENGTH OF STAY (In this place) 24 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 Thomas ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa — COUNTY Berks
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reading
STREET ADDRESS (If rural, give location) 1244 Fairwood ST

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	S	Adams	September	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	W	Married	Nov 9 1876	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Railroad	Berks County Pa	USA

13. FATHER'S NAME: Geo Adams

14. MOTHER'S MAIDEN NAME: Mary Strassen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Mrs John Adams 1244 Fairwood Reading Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C. Palmer	M.D. Deputy Medical Examiner	Harford Co. Bel Air	10/2/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/4/51	Fairlawn	Reading	Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/30/51	Priscilla Fawwood	Jos. T. Foster	Bel Air Md

510 506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 418A

RECEIVED
OCT 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08926

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Havre de Grace on Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 458 Bourbon Street

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Augustus (Last) Cayton

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 10, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Care Taker (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: U.S.O. Bldg.

11. BIRTHPLACE (State or foreign country): Silver Spring, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Curtis Cayton

14. MOTHER'S MAIDEN NAME: Margaret E. Padgett Cayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-8565

17. INFORMANT AND ADDRESS: Mrs. John E. R. Wise, Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval between Onset and Death: few minutes

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach & Metastasis — 3 years

(c) Myocarditis —

151.X
46.6

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1951, to Sept 25, 1951, that I last saw the deceased alive on Sept 25, 1951, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE: Wm Wallace (Degree or title) M.D. — ADDRESS: Havre de Grace — DATE SIGNED: 9/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 28, 1951 — NAME OF CEMETERY OR CREMATORY: Silverbrook Cemetery — LOCATION (City, town, or county) (State): Near Wilmington, Del.

DATE REC'D BY LOCAL REG.: Sept. 27-1951 — REGISTRAR'S SIGNATURE: C. L. Lewis M.D. — 24. FUNERAL DIRECTOR: A. Madison Mitchell — ADDRESS: Havre de Grace Md.

970854

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08927

CERTIFICATE OF DEATH

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABINGDON (RURAL) LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS MILL ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL ABINGDON
STREET ADDRESS (If rural give location) MILL ROAD

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) M (Last) BELL
4. DATE OF DEATH: (Month) SEPT (Day) 20 (Year) 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6/27/1867
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE - R.N.
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Rutgerville, Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Jones Bell
14. MOTHER'S MAIDEN NAME: Sarah Dutton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sally Doerges, Abingdon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORINARY THROMBOSIS — Interval between onset and death: 2 weeks

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — 1 YEAR

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. POLYARTHRITIS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 13, 1949 to SEPT 20, 1951, that I last saw the deceased alive on SEPT 20 1951, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Brown McDonald Jr. M.D. Aberdeen, Md. 9-23-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Sept 24, 1951
NAME OF CEMETERY OR CREMATORY St. John's
LOCATION (City, town, or county) (State) Rutgerville, Balto Co Md

DATE REC'D BY LOCAL REG. Sept 24 1951
REGISTRAR'S SIGNATURE Marie M Monsedale
24. FUNERAL DIRECTOR ADDRESS Howard R. McComas & Son Abingdon Md

058869

RECEIVED
SEP 27 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08928

CERTIFICATE OF DEATH

Reg. Dist. No. 18S-

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ohio Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) Ohio Street

3. NAME OF DECEASED (Type or Print): (First) Estella (Middle) O. (Last) Berry

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/6/1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl McCoy

14. MOTHER'S MAIDEN NAME: Caroline (maiden name-No Record)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Beatrice Merchant - Havre de Grace, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	few minutes
443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardiac degeneration	2 months
61	(c) Diabetes Mellitus	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Sept 20, 1951, that I last saw the deceased alive on Sept 20, 1951, and that death occurred at 1230 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.M. Walbert M.D. Havre de Grace Md Sept 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 22/1951

NAME OF CEMETERY OR CREMATORY: St. James A.M.E Cemetery

LOCATION (City, town, or county) (State): Havre de Grace, Md

DATE REC'D BY LOCAL REG.: Sept. 22-1951

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Elmer E. Bullock

ADDRESS: Havre de Grace, Md.

220826

RECEIVED
SEP 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08929

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 718 Girard Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 718 Girard Street

3. NAME OF DECEASED (Type or Print): (First) BENNIE (Middle) LEE (Last) BLAKE

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug. 3, 1951

9. AGE last birthday: yrs. If under 1 year: Months 1, Days 12 da. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [redacted] JAMES WALTON

14. MOTHER'S MAIDEN NAME: LILLIAN MAE-BLAKE (not married)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Geo Blake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Interstitial pneumonitis due to gastro-enteritis, acute

764.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R S Fisher (Degree or title) Chief Med. Examiner ADDRESS 700 Fleet St. DATE SIGNED Sept. 15, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Sept. 17 1951

NAME OF CEMETERY OR CREMATORY: St. James

LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: SEPT. 17, 1951

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: R. Madison Mitchell-Havre de Grace, Md.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Harford; STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace; LENGTH OF STAY (In this place): 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 553 Union

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Egan (Last) Bonell
4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 51
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 9 1906
9. AGE Last birthday: 44 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Michael Egan
14. MOTHER'S MAIDEN NAME: Margaret ? Egan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Melville Bonell, Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Poisoning due to Mercuric Chloride — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 971.5 163 D

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Havre de Grace | (COUNTY): Harford | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 28 1951 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Took Bichloride of Mercury tablets

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): A. L. Lewis M.D. | ADDRESS: Health Officer Havre de Grace Md. | DATE SIGNED: 9/4/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 9/7/51 | NAME OF CEMETERY OR CREMATORY: Mt. Lion | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: Sept. 6 1951 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D. | 25. FUNERAL DIRECTOR: Cunningham & Son | ADDRESS: Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1951

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md. — LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de grace, Md.
STREET ADDRESS (If rural, give location) 860 Erie St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alvie	M	Bunch	9	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	colored	Widowed	May 30 1909	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm worker	Farm Worker	Windsor, N. C.	U. S. A.

13. FATHER'S NAME Westley Lewis — 14. MOTHER'S MAIDEN NAME Laura Vaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Mrs. Mary White-860 Erie St. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Infarction

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease

73d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

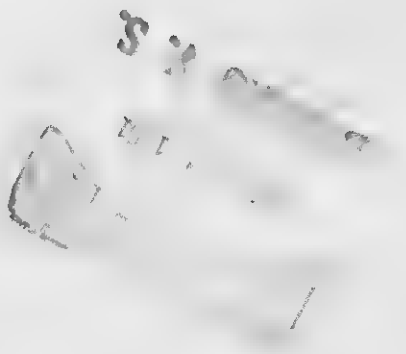
TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept 4, 1951, to Sept 16, 1951, that I last saw the deceased alive on Sept 16, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George J. Stansbury	M. D.	569 Revolution St. Havre de Grace, Md.	9/17/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Sept 18/1951	?	Bertie Co	N. Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 18-1951	A. L. Lewis M. D.	Elmer E. Bullock	Havre De Grace, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180 — 6932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood R.D. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) M. (Last) Burk

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 3/23/1900

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Joppa, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Burk

14. MOTHER'S MAIDEN NAME: Addie Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 217-09-4489

17. INFORMANT: Mrs. Albert Creswell, Franklinville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull — Interval between onset and death: ma e

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 12.5 170 C

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 4
(CITY OR TOWN) Edgewood (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Sept (Day) 1 (Year) 1951 (Hour) 2P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident Auto [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Md Ct. Inves. 4 [illegible] Edgewood Md 9/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/4/1951 — NAME OF CEMETERY OR CREMATORY: Franklinville Presbyterian — LOCATION (City, town, or county) (State): Franklinville Balto Co Md

DATE REC'D BY LOCAL REG.: Sept 4, 1951 — REGISTRAR'S SIGNATURE: Mame M. Monsedal — 24. FUNERAL DIRECTOR: Howard K. McComas & Son — ADDRESS: Abingdon Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
LENGTH OF STAY (In this place) 2½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Julian (Middle) C. (Last) Callicott
4. DATE OF DEATH: (Month) September (Day) 2 (Year) 19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	31 July 1926	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	U.S. Army	Missouri	USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	Current	Unknown	Army Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation due to hanging

974X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Neurotic depressive reaction

164a (c) Schizoid personality

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2 Sept., 19 51, to 2 Sept, 19 51, that I last saw the deceased Dead on Arrival ~~xxxxx~~, 19....., and that death occurred at 6:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emanuel D Brodsky 1st Lt MC 2151 ASU USA Hosp APG Md 2 Sept. 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	9/4/51	Unknown	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Sept. 4-1951	G. L. Lewis M.D.	Pennington & Son Funeral Home	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto Harf
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa
LENGTH OF STAY (In this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt Road Joppa. Harford Co

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Balto Harf
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joppa
STREET ADDRESS (If rural, give location): Mt Road Joppa Harford Co Md.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) C.E. (Last) Cassell

4. DATE OF DEATH: (Month) Sept (Day) 17 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Feb 24 - 1866

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitress

10b. KIND OF BUSINESS OR INDUSTRY: Balto City Park Employee

11. BIRTHPLACE (State or foreign country): Balto City

12. CITIZEN OF WHAT COUNTRY?: U S A.

13. FATHER'S NAME: Edw Coppel

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Robert Lee Cramer Mt Rd Joppa Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage. — Interval between onset and death: 2 days

331X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

830 (b) generalized arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Sept 17, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE: Fred C Hodous (Degree or title): MD ADDRESS: Edgewood Md DATE SIGNED: 9-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9/19/51 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 9/18/51 — REGISTRAR'S SIGNATURE: C W Hedrick.

24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home 7401 Belair Rd.

VT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 53 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 810 S. Washington

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 810 S. Washington

3. NAME OF DECEASED (Type or Print): (First) Agatha; (Middle) Daw; (Last) Churchee

4. DATE OF DEATH: (Month) 9/6; (Day); (Year) 51 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 28 1866

9. AGE last birthday: 84 yrs.; If under 1 year: Months 10, Days 27; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during better part of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: W. H. Daw

14. MOTHER'S MAIDEN NAME: Agatha Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT — NAME AND ADDRESS: Mr. W. T. Foxwood, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Liver

156.1 46+

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 19 57, to Sept. 6, 19 57, that I last saw the deceased alive on Sept. 6, 19 57, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Lewis M.D. | ADDRESS Havre de Grace Md. | DATE SIGNED 9-6-51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 9/8/51 | NAME OF CEMETERY OR CREMATORY Greenmount | LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Sept-6-1957 | REGISTRAR'S SIGNATURE A. L. Lewis M. D. | 24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace | ADDRESS

08936

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location) R D # 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANDREW		DUDEK	September	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	Under 1 year: Months	Under 1 year: Days	If under 24 hrs.: Hours	If under 24 hrs.: Min.
Male	White	MARRIED	June 7 1911	10 yrs.	3	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
FARMER Farm	FARM	MARYLAND	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Mitchell	Annie Dudek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	Unknown	Wm. Andrew Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 days
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No.				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 7, 1951, to Sept. 11, 1951, that I last saw the deceased alive on Sept 11, 1951, and that death occurred at 3:48 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Casper Hardy M.D.	Churchville Md	Sept 11

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/15/51	Holy Redeemer	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
SEPT. 13, 1951	A. L. Lewis M.D.	Cunningham & Son	Havre de Grace, Md.

VS. A15

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180- 137

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Answer every item correctly. If information is not known fully, is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEDENT: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
STREET ADDRESS

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Kay (Last) Ellsworth.

4. DATE OF BIRTH: 9 1 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S

8. DATE OF DEATH: 8-29-51

9. AGE (Years last birthday): 0 — If under 1 year, months; if under 1 month, days: 2 (56)

10. OCCUPATION (Kind of work done during most of working life, even if retired): INFANT

11. INDUSTRY

12. BIRTHPLACE (State or Foreign Country): Md. U.S.

13. FATHER'S NAME: Robert Ellsworth

14. MOTHER'S MAIDEN NAME: Wanda Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT (NAME AND ADDRESS): Robert Ellsworth, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE HEMOLYTIC JAUNDICE — Interval between onset and death: 2 HOURS

7700 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PROBABLE BLOOD GROUP INCOMPATIBILITY

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | CITY OR TOWN | COUNTY | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Aug, 1951, to 1 Sept., 1951, that I last saw the deceased alive on 31 Aug 1951, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Havre de Grace Md. — DATE SIGNED 9-7-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 2 1951 — NAME OF CEMETERY OR CREMATORY West Nottingham — LOCATION (City, town, or county) (State) Colora, Md

DATE REC'D BY LOCAL REG. Sept. 1-1951 — REGISTRAR'S SIGNATURE A. L. Lewis M.D. — FUNERAL DIRECTOR AND ADDRESS Linda Tattersall & Son Cecilton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

238

Reg. Dist. No. 18-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 560 Revolution St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 560 Revolution St.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E. (Last) Ennis

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 20, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack Skinner

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. Eva Ridgley - Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10-15 yrs.
	(c) Arteriosclerotic Heart disease	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1950, to 9/27, 1951, that I last saw the deceased alive on 9/26, 1951, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
George T. Stansbury M.D. | Havre de Grace Md | 9/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10/1/51 | NAME OF CEMETERY OR CREMATORY: St. James Cemetery | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: Sept. 28-1951 | REGISTRAR'S SIGNATURE: G. L. Lewis M. D. | 24. FUNERAL DIRECTOR: Elmer Chaillock | ADDRESS: Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 186 — 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 835 Erie Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 835 Erie Street

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) C. (Last) Giles
4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	July 24, 1896	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Worker
10b. KIND OF BUSINESS OR INDUSTRY: Trackman
11. BIRTHPLACE (State or foreign country): Perryman Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Solomon Giles
14. MOTHER'S MAIDEN NAME: Amelia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	717-07-5484	Mrs. Lilian Giles Havre de Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	6 wks.
26 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	3 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1950, to 9/24, 1951, that I last saw the deceased alive on 9/24, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George I. Hansbury	M.D.	Havre de Grace Md.	9/27/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 26 1951	Irvin Methodist Cemetery	Aberdeen,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 28 1951	A. L. Lewis M. D.	Emerick & Bekoe	Havre de Grace, Md.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 20 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) Box 621-34 Brown St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Hawthorne

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Dont know

14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William H. Hawthorne - Same address -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1957, to Sept. 10, 1957, that I last saw the deceased alive on Sept. 9, 1957, and that death occurred at 6:05 p.m., from the causes and on the date stated above.

SIGNATURAL (Degree or title) ADDRESS DATE SIGNED

William Blair M.D. Harford Memorial Hosp. 9/10/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-12-57

NAME OF CEMETERY OR CREMATORY: Wm Waters memorial

LOCATION (City, town, or county) (State): Cockeysville Md

DATE REC'D BY LOCAL REG.: Sept. 10-1957

REGISTRAR'S SIGNATURE: G. L. Lewis M. D.

24. FUNERAL DIRECTOR: Charles E. Kurtz

ADDRESS: Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

08941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ALEX (Middle) [illegible] (Last) HECKO

4. DATE OF DEATH: (Month) Septem (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: April 6 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Coal Mine

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Czechoslavakia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Anna Hecko Bellaire, Ohio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5 & 1.0 Immediate cause (a) Ruptured liver — Interval Between Onset and Death: 6 mo

Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

12 hrs (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

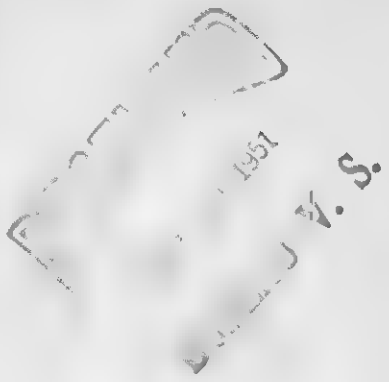
22. I hereby certify that I attended the deceased from Aug 20, 1951, to Sept 2, 1951, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: [illegible] Md. DATE SIGNED: 9/9/51

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: Sept 10 1951 — NAME OF CEMETERY OR CREMATORY: Bellaire Ohio — LOCATION (City, town, or county) (State): Ohio

DATE REC'D BY LOCAL REG.: Sept 9 1951 — REGISTRAR'S SIGNATURE: C. W. Kirk

24. FUNERAL DIRECTOR — ADDRESS: H. S. Bailey Darlington, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

)42

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE, R.D. | LENGTH OF STAY (in this place) MARYLAND 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural, give location) R.D.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) W. (Last) Henry

4. DATE OF DEATH: (Month) (Day) (Year) September 19 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JANUARY 22 1883

9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER - GENERAL REPAIRMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS HENRY

14. MOTHER'S MAIDEN NAME: ANNA MARY BARBOUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-30-3585

17. INFORMANT AND ADDRESS: KATHARINE HENRY, YORK, PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — none

420.1 **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Md. | 9/19/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF 9/22/51 | NAME OF CEMETERY OR CREMATORY: TABERNACLE CEMETERY | LOCATION (City, town, or county) (State): WHITEFORD, MD.

DATE REC'D BY LOCAL REG. Sept. 21-1951 | REGISTRAR'S SIGNATURE G. L. Lewis M.D. | 24. FUNERAL DIRECTOR: Hubert P. Harkins | ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18943

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest in Belair — LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS H. for Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
STREET ADDRESS (If rural, give location) E Main St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Laura	C.	Janvier	September 20 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	Single	Sept. 26 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework Home		Elkton	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rev. Wm. D. Janvier	Elizabeth A. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Loudon, Postmistress

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease — Interval between onset and death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

422.1
733

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Sept 20, 1951, that I last saw the deceased alive on Sept 18, 1951, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer MD	BDA in Md.		Sept 20, 1951

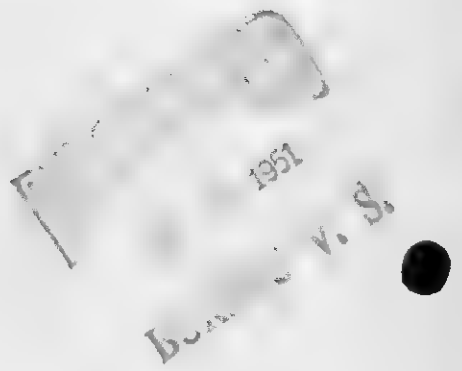
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 23/51	Elkton	Elkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 24/51	Priscilla Foxwood	H. Tippin & Son	Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08944

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground — LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U S Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) Box 108, Rising Sun, Maryland

3. NAME OF DECEASED (Type or Print): (First) George (Middle) M. (Last) Little
4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 30 Sept 1930
9. AGE last birthday: 20 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Current
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mrs. Grace Barrow, Rising Sun, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, Hyperthermia — 13 days
823,5
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Edema — 13 days
1710.9
(c) Brain Laceration — 13 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Street
(CITY OR TOWN): Route 272, Rising Sun
(COUNTY): Cecil
(STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 27, 1951 11:15 p.m.
INJURY OCCURRED While at Work ☐ Not While At work XX
HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from 28 Aug, 19 51, to 9 Sept, 19 51, that I last saw the deceased alive on 9 Sept, 19 51, and that death occurred at 8:59 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Nathan M. Smukler, 1st Lt MC — 2151-1 US Army Hospital Aberdeen Proving Ground, Maryland — 9 Sept 1951

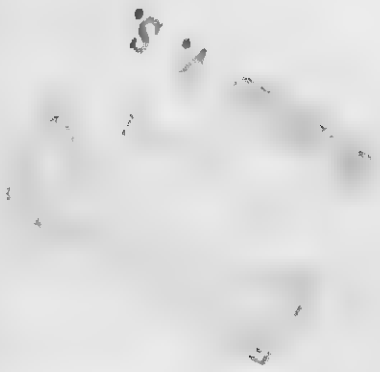
23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: 9/10/51
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Rising Sun, Md

DATE REC'D BY LOCAL REG.: SEPT. 10, 1951
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: Pennington & Sons
ADDRESS: Rising Sun, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston — LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dove Dale Trailer Park
STREET ADDRESS (If rural, give location) 11th Union ave

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Magraw (Last) McCardell

4. DATE OF DEATH: (Month) 9 (Day) 27 (Year) 19 57

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-1-1887

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Foreman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel M. McCardell

14. MOTHER'S MAIDEN NAME: Ellen M. Nesbitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-32-8072

17. INFORMANT AND ADDRESS: Mrs. Gladys McCardell, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion - Cardiac

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Decompensation

(c)

420.1
94 a.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23 19 57, to Sept. 27 19 57, that I last saw the deceased alive on Sept. 27 19 57, and that death occurred at 12:1 mid m., from the causes and on the date stated above.

SIGNATURE: A. Lewis MD (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED 9-27-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-29-1957 — NAME OF CEMETERY OR CREMATORY Hopewell — LOCATION (City, town, or county) Fort Deposit, Md, Rural (State)

DATE REC'D BY LOCAL REG. Sept. 27-1957 — REGISTRAR'S SIGNATURE G. L. Lewis M.D.

24. FUNERAL DIRECTOR — ADDRESS Wm. A. Patterson & Son, Emmitsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chambersburg
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Peter (Last) Nicklas

4. DATE OF DEATH: (Month) Sept. (Day) 6th (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 7 1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Nicklas

14. MOTHER'S MAIDEN NAME: Margaret Hennaberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Geo. L. Schindel - aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY OCCLUSION

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — 5 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 6., 1951., to....., 19....., that I last saw the deceased alive on SEPT 6....., 1951., and that death occurred at 1230 P. m., from the causes and on the date stated above.

SIGNATURE: Brown McDonald Jr. M.D. (Degree or title) — ADDRESS: Aberdeen, Md. — DATE SIGNED: 9-7-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal — DATE THEREOF: Sept. 7th 1951 — NAME OF CEMETERY OR CREMATORY: Cedar Grove cemetery — LOCATION (City, town, or county) (State): Chambersburg, Penna.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR: Henry Tarring & Sons - Aberdeen Md. — ADDRESS

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185- 047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Sign your information carefully. Be sure the correct age is especially important. Physicians: please write one card.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Harford | STATE Maryland | 2. USUAL RESIDENCE (Home) OF (Where deceased lived) COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give township) | MARYLAND | If NONRESIDENT GIVE USUAL RESIDENCE
CORPORATE LIMITS (Write the name of city, town or village in which death occurred) TOWN Havre de Grace | If not in hospital or institution, give street address or location 1 Rd. | CITY OR TOWN Conowingo
HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harford Memorial Hosp.

3. NAME OF DECEASED (Type or print) Robert Lee Owens Jr | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 17 51

5. SEX MALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Write) Single | 8. DATE OF BIRTH (Month) (Day) (Year) July 28 1951 | AGE (If less than 1 day, hours or minutes) 1 20

9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10a. KIND OF INDUSTRY | 9b. BIRTHPLACE (State or foreign country) MARYland U.S.A

11. FATHER'S NAME Robert Lee Owens | 12. MOTHER'S NAME Betty Ranto

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 15. INFORMANT (Name and address) Betty Ranto - Conowingo

18. MEDICAL CERTIFICATION

17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia & Newborn

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fever Dehydration 764.0 119a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY (Yes or No)

21. ACCIDENT OR INJURY (Specify) HOMICIDE | PLACE OF INJURY (Home, factory, street, office bldg. etc.) | CITY OR TOWN

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1951, to Sept. 17, 1951, that I saw the deceased alive on Sept. 17, 1951, and that death occurred at 6:00 p.m. from the causes stated above.

SIGNATURE William F. Cox, M.D. (Degree or title) | ADDRESS Harford Mem. Hosp. | DATE SIGNED 9-19-51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Sept 20, 1951 | NAME OF CEMETERY OR CREMATORY Owens Family | LOCATION (City or town) (State) Conowingo Md. Rd.

DATE REC'D BY LOCAL REG. Sept. 18-1951 | REGISTRAR'S SIGNATURE C. R. Lewis M. D. | 24. FUNERAL DIRECTOR J. E. [illegible] | ADDRESS [illegible]

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R D Route No 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace Route 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jeanette (Middle) Carpenter (Last) Parker

4. DATE OF DEATH: (Month) September (Day) 24, (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 18, 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm S. Parker

14. MOTHER'S MAIDEN NAME: Emma Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 062-07-8913

17. INFORMANT AND ADDRESS: Miss Hannah Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Havre De Grace Md RD-2 — 10 mi

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co Md 9/25/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept 27 1957 | NAME OF CEMETERY OR CREMATORY: Rock Run Cem | LOCATION (City, town, or county) (State): Harford Co, Md

DATE REC'D BY LOCAL REG.: Sept 26, 1957 | REGISTRAR'S SIGNATURE: Miriam B. Smith | 24. FUNERAL DIRECTOR — ADDRESS: H. S. Bailey, Darlington, Md.

HS A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground | LENGTH OF STAY in this place) 24 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 ASU US Army Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
STREET ADDRESS (If rural, give location) 2151-1 ASU US Army Hosp.

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Mae (Last) Reynolds
4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 12 1951
9. AGE last birthday ... yrs. | If under 1 year: Months ... Days ... | If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stark L. Reynolds
14. MOTHER'S MAIDEN NAME: Lula Mae Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Father Aberdeen Proving Gd., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Disease — Interval Between Onset and Death: 24 Hours

759.4 / 757e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1951, to Sept. 13, 1951, that I last saw the deceased alive on Sept. 13, 1951, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

SIGNATURE: Emanuel D. Brodsky (Degree or title) 1st Lt. MC ADDRESS 2151-1 ASU USAH, Aberdeen Proving Gd., Md. DATE SIGNED Sept. 13 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 14 1951 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Aberdeen Maryland

DATE REC'D BY LOCAL REG. ... — REGISTRAR'S SIGNATURE ... — 24. FUNERAL DIRECTOR: Henry Tarring & Sons — ADDRESS: Aberdeen Md.

BIBLIOTECA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whiteford, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) HOWARD (Last) RITCHIE

4. DATE OF DEATH: (Month) Sept. (Day) 4 – (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	widowed	June 11-1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired fisherman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cecil Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Ralph Ritchie - Delta R.D. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 wk
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Myocardial Insufficiency	3 yrs
	(c) Hypertensive C-V Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1938, to Sept. 4, 1951, that I last saw the deceased alive on Sept 3, 1951, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Josiah A. Hunt, M.D. — ADDRESS: Delta, Pa. — DATE SIGNED: 9/5/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 7-1951	Mt. Nebo cemetery	Delta, R.D.	Pa.

DATE REC'D BY LOCAL REG. 9/6/51 — REGISTRAR'S SIGNATURE: Priscilla Fawcett — 24. FUNERAL DIRECTOR: Hubert F. Watkins — ADDRESS: Delta Pa.

VS./A-5

Item 18 Film 3136 10-9-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen. MARYLAND. LENGTH OF STAY (in this place) Unknown. HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. # 40.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN aberdeen. STREET ADDRESS (If rural, give location) Rt. # 40

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) T. (Last) Sindre

4. DATE OF DEATH: (Month) September (Day) 26 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct. 14-1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Handyman

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War I

16. SOCIAL SECURITY NO.: 579-14-1738

17. INFORMANT AND ADDRESS: Philip Curtz - aberdeen md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, bronchial

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b) Coronary occlusion (10-9-51 ams)

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Jerrold C Pullman MD Deputy Medical Examiner Harford Co. Md. 10/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 1st. 51 | NAME OF CEMETERY OR CREMATORY: Bakers Cemetery | LOCATION (City, town, or county) (State): aberdeen maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR, ADDRESS: Henry Tarring & Sons aberdeen md

VS-A15A

Item 9 GilmG135 9/13/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08952

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY IN this place: 3 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Haurd de Grace RD # 2; STREET ADDRESS (If rural, give location) Webster Village

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Lilly (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 5th (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 12-1908

9. AGE: 43 yrs. | Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or Foreign Country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur H. Lilly

14. MOTHER'S MAIDEN NAME: Viola Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Christian P. Smith - Haurde Grace Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage from bladder

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of bladder

181X

52 b

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20 AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 19 51, to Sept. 5, 19 51, that I last saw the deceased alive on 9-5, 19 51, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Lewis MD ADDRESS Havre de Grace Md DATE SIGNED 9-5-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Sept. 8th '51; NAME OF CEMETERY OR CREMATORY: St. Paul Lutheran Cemetery; LOCATION (City, town, or county) (State): aberdeen Maryland

DATE REC'D BY LOCAL REG.: Sept. 7-1951; REGISTRAR'S SIGNATURE: C. L. Lewis M. D.

24. FUNERAL DIRECTOR: Henry Tabring & Sons - aberdeen Md. ADDRESS

VS-A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville Rural; STREET ADDRESS (If rural give location) Norrisville Md.

3. NAME OF DECEASED (Type or Print): (First) Rumsey (Middle) E. (Last) Smithson

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 18 1872

9. AGE last birthday: 79 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Smithson

14. MOTHER'S MAIDEN NAME: Mary Smithson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Roy Smithson Farm Owner Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis & hypertension

420.1 (c) & chr. myocarditis

932

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1951, to Sept. 16, 1951, that I last saw the deceased alive on Sept. 15, 1951, and that death occurred at 3 a.m. m., from the causes and on the date stated above.

SIGNATURE Norman H. Lemmill (Degree or title) ADDRESS Stewartstown, Pa. DATE SIGNED Sept. 16, 1951

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE Sept 19 1951

NAME OF CEMETERY OR CREMATORY St Pauls

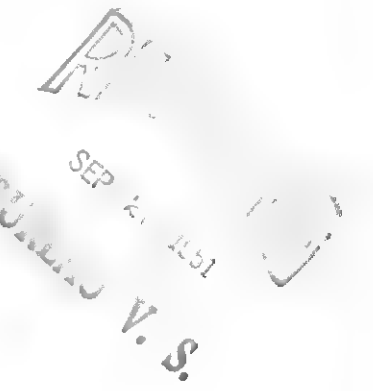
LOCATION (City, town, or county) (State) Pylesville Md

DATE REC'D BY LOCAL REG. 9/18/51

REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR Leonard Kelly Funeral Home Pa

ADDRESS


SEP 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12

MARGIN RESERVED FOR BINDING / PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the uses of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #2 Aberdeen

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Route #2 Aberdeen

3. NAME OF DECEASED (Type or Print): (First) Mrs Mary (Middle) C (Last) Stansbury
4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 8, 1889
9. AGE last birthday: 62 yrs. (If under 1 year: Months —, Days 2; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob T Christy
14. MOTHER'S MAIDEN NAME: Susan Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Isabella Giles - Route #2 Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 10 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
93n
(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1951, to 9/9, 1951, that I last saw the deceased alive on 9/9, 1951, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George T. Stansbury, M.D. 569 Revolution St. Havre de Grace Md. 9/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 13, 1951 | NAME OF CEMETERY OR CREMATORY: Union M.E. Cemetery | LOCATION (City, town, or county) (State): Aberdeen, Harford, Md.

DATE REC'D BY LOCAL REG.: Sep. 13-51 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR ADDRESS: Elmer Ekenbork - Havre de Grace, Md.

VS. A15

RECEIVED
SEP 18 1951
BUREAU V. S.

08955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2151-1 US Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ROGER (Middle) DALE (Last) WILLIAMS

4. DATE OF DEATH: (Month) September (Day) 28 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: 25 Sept 51

9. AGE last birthday: yrs. If under 1 year: Months / Days: 3 days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Dale Williams

14. MOTHER'S MAIDEN NAME: Mary Lou Sines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Sam Sines - Pardeeville - Route 2- Wis.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Disease — Interval Between Onset and Death: 3 days

7544 Antecedent cause(s)

1572 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 25 Sept, 19 51, to 28 Sept, 19 51, that I last saw the deceased alive on 28 Sept, 19 51, and that death occurred at 1505 hrs., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emanuel D Brodsky 1st Lt MC-USAR APG Md 28 Sept 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 30, 1951 — NAME OF CEMETERY OR CREMATORY: Pacific Cemetery — LOCATION (City, town, or county) (State): Portage Columbia Wis

DATE REC'D BY LOCAL REG.: Oct. 4-51 — REGISTRAR'S SIGNATURE: Nellie P. Berry

24. FUNERAL DIRECTOR: Howard R. Whitemarsh — ADDRESS: Aberdeen Md

VS. A/C

7-7-25/49-M

RECEIVED
OCT 9 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08956

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 14 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL. BEL AIR.
STREET ADDRESS (If rural, give location) R # 1

3. NAME OF DECEASED (Type or Print): (First) Patricia (Middle) (Last) WYATT

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 14, 1950

9. AGE last birthday: 1 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: RANSOME WYATT

14. MOTHER'S MAIDEN NAME: AZALEE BARE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diarrhea

571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dehydration

119a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1951, to Sept. 28, 1951, that I last saw the deceased alive on Sept. 27, 1951, and that death occurred at 1 00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William R. Carr Medical Examiner 9-28-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-29-1951

NAME OF CEMETERY OR CREMATORY: Franklin Cem.

LOCATION (City, town, or county) (State): New Darlington - Md.

DATE REC'D BY LOCAL REG.: Sept. 29-51

REGISTRAR'S SIGNATURE: G. L. Lewis M. D.

24. FUNERAL DIRECTOR: A. D. Bailey - Darlington, Md.

ADDRESS

RECEIVED
OCT 2 1951
BUREAU V. S.